

*Fairfax County Retirement Systems*  
**Request for Account Balance**

**Employees' System** ☐

**Police Officers System** ☐

**Uniformed System** ☐

Please return this form to:  
Fairfax County Retirement Administration Agency  
10680 Main Street, Suite 280  
Fairfax, Virginia 22030-3812  
FAX: (703) 273-3185

*Please use the following information to send a letter to me stating the current balance in my in my retirement account in the above-mentioned Retirement System. I understand that the letter will be mailed to my home address on file.*

**Name (Please Print):** \_\_\_\_\_

**Social Security Number: ):** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

Thank you,

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**Signature** **Date**

Note: The above letter may be faxed to the lender, with the hard copy of the letter going directly to your home address.

Mortgage Company: \_\_\_\_\_

Attention: \_\_\_\_\_

Fax Number: \_\_\_\_\_